MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES COMMISSION
Workgroup on Prevention

Thursday April 10, 2008

1:00-3:30 at the OSA Conference Room

AGENDA

I. Introductions

II. Review notes, work from last meeting

III. Setting priorities keeping in mind the original TF recommendations
   a. Review previous identified priorities.
   b. Revise and set priorities

IV. Arranging our work into sub-committees
   a. LTCSS Caregiver Workgroup and the Michigan Dementia Coalition Caregiver Support Workgroup
   b. Health Promotion and Chronic Care Management

V. Follow-up
   a. Resource Development within Long-Term Care Connections – a web-based system. Jane Church and RoAnne

VI. Set next meeting place and time.
   a. June 12? - TBD (I will be out of town)
   b. Set date

Notes for Health Promotion, Chronic Care Management and Caregiver Support Work Group
4/10/08
1:00-3:30

Held at: Office of Services to the Aging (OSA)

Present: RoAnne Cheney, Judy Lyles, Erin Atche, Sara Duris, Aaron Simonton, Marci Cameron, Andy Farmer, Nora Barkey, Tina Abbate-Marzolf, Cathy Backus, Yolanda McKinny and Sarah Szwejda.

Notes were reviewed and approved from previous meeting.

Setting Priorities

1. Resource Database Ellen Weaver and SueAnn McBrien volunteered for the Resource Database Web Design

2. Promoting the Use of Assistive Technology as a Prevention Tool (#12) RoAnne's organization (MDRC) receives the state's AT Project dollars (much of the grant funds are regranted in mini-grants) so has a special interest in this area. There is much work to be done, particularly around AT and cognitive disabilities. Tina discussed using cable TV (i.e. Comcast) and YouTube (ex. - how to prepare for an emergency) as a tool to educate communities about AT. The work group agreed this is a good idea.
-Nora discussed education done by Centers for Independent Living (CILs) around AT which is relatively inexpensive (i.e. items to help with getting dressed, starting cars, lifting/transferring).
-Sara discussed AT coverage by insurance as a good place to advocate. Tina said this is usually a one time only expense.
-RoAnne said the website, Able-Data, has just about all AT ever made, though most of it is no longer relevant.
-Judy thought these sorts of things should be available in Health Provider's offices in catalog form perhaps?
-Aaron discussed the problems inherent with a person on multiple medications and how a person taking more than 5 meds has a 100% chance of making a mistake with dosage, time of day, etc. and the role of things like medication dispensers. Geriatric Education should also be a priority with social workers, physicians, CNAs, etc.
-Andy discussed AT as a curriculum component of medical training. Tina said Physical Therapists and Occupational Therapists do get this training, but not necessarily Doctors. It often comes down to money and what insurance will cover.
-Nora discussed a report that said environmental changes like cell phones often make more of a difference in peoples quality of life than medical intervention.

3. Investigating Grant Opportunities for Chronic Care Models (#13).
Sherri King would have info about Healthy Aging Initiatives.
-Tina discussed the Area Agencies on Aging (AAAs) have 2 models they've been trained on.
-Judy discussed the MI Partners on the Path - there is not a lot of room for tweaking this

model.
-RoAnne - Living Well with a Disability is another self management curriculum. It is evidenced-based.

4. Chronic Care Models Specific to Medication Usage, Identifying Abuse and Neglect, Caregiver Burnout and Caregiver Safety and Health (#11).

RoAnne discussed Chronic Care as being a big area with Foundation Funding - may be able to supplement Healthy Aging.
-Andy mentioned SPEs as a way to customize models for private care plans. Judy suggested including it in the menu of options. Andy agreed.
-Nora talked about LTC Connection and AAA mechanisms to reach the broader public with health promotion. RoAnne added CILs as part of the infrastructure mechanisms.
-RoAnne discussed PCP guiding principle and process - it's very broad and requires broad thinking.
-Marci talked about the Wraparound and goals vs. needs.

5. Develop a Public Health Caregiver Support Model.
RoAnne discussed including caregiver recommendations - we need a caregiver assessment.
-Judy discussed Public Health and how local Public Health Dept's vary in quality and services.
-Marci discussed the MI Dementia Coalition and obtaining data.

Group Discussion of next 3 Priorities: we will be focusing on:
1) Promoting the Use of Assistive Technology as a Prevention Tool,
2) Supporting the Infrastructure of Chronic Care Management, and
3) Supporting Caregivers.

Possible Strategies to do this:
1) work through aging networks (CILs, AAAs, LTCCs etc),
2) grant funds, and
3) advocacy.

Marci talked about using Academic Detailing for a strategy as well? The biggest obstacle with this is scheduling. MSU does have a 3 year grant for reaching out to physicians. They send teams out to physicians' offices.
Sara talked about reaching out to Health Plans-St. Mary's, Wayne State, MSU, U of M, Marquette General Hospital, Northern MI all have Geriatric Programs.
The group discussed coordination with the Dementia Coalition Work group
Sara discussed Children with Health Issues - what are they doing with the issues we're struggling with? Should they be at the table? Do they have assessment procedures?
Nora asked how we should vet these priorities?
Marci will bring concepts from the Wraparound to the next meeting.
Judy will discuss the Primary Care Initiative at the next meeting.

Next Meeting - June 26th, 2008 from 1:00 to 3:30 pm - location TBA.